



ALABAMA DEPARTMENT OF REVENUE
SALES, USE & BUSINESS TAX DIVISION
P. O. Box 327710, Montgomery, AL 36132-7710

Application For A Utility Tax License
(Required by Section 40-21-84, Code of Alabama 1975)

ST: UA 6/99

OFFICE USE ONLY

Aggregate Chain Number

Account Number

Please complete each line applicable to your business.
Your license will not be issued until your application is completed properly.

1. Federal Employer Identification Number (FEIN)

2. Name of Person(s), Firm, Corporation, Association, or Co-Partnership Making Application

3. Doing Business As

4. Mailing Address of Home Office (P.O. Box, Street and Number, or R.F.D.)

City

County

State

Zip Code

5. Number of Businesses Operated in Alabama

6. Location — City

Street or Highway

County

Location must be an exact street number or, if located on a highway or rural route, give details as to location. If more than one location, use the schedule on the back of this application to list the other locations.

7. Check The Type of Utility Sold / Purchased

☐

Domestic Water

☐

Natural Gas

☐

Electricity

☐

Telephone Services

☐

Telegraph Services

8. Check Appropriate Box

☐

Sole Proprietorship

☐

Partnership

☐

Corporation

☐

Multi Member LLC

☐

Single Member LLC

☐

Limited Liability Partnership

☐

Other

If applicant is a corporation, a copy of the certified certificate of incorporation, amended certificate of incorporation, certificate of authority, or articles of incorporation should be attached. If applicant is a limited liability company or a limited liability partnership, a copy of the certified articles of organization should be attached.

9. Ownership Information

Corporations — Give name, title, home address, and Social Security Number of each officer.

Partnerships — Give name, title, home address, and Social Security Number or FEIN of each partner.

Sole Proprietorships — Give name, title, home address, and Social Security Number of Owner.

Limited Liability Companies — Give name, title, home address, and Social Security Number or FEIN of each member.

Limited Liability Partnerships — Give name, title, home address, and Social Security Number or FEIN of each partner.

10. Name of Former Owner of Business

11. Date Business Is To Begin Operation

12. Business Telephone Number

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13. Home Telephone Number

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This application requires the signature(s) and title of the sole proprietor, each partner, an elected corporate officer, or a member.

Signature _____ Signature _____

Title _____ Date _____ Title _____ Date _____

Mail Original and One Copy of Application To The Address Above.

Location Must Be Exact Street Number Or, If On A Highway, Give Details As To Location

City	Street or Highway	County
Details as to Location		

City	Street or Highway	County
Details as to Location		

City	Street or Highway	County
Details as to Location		

City	Street or Highway	County
Details as to Location		